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Public Health Agency of Canada

2013–14

Report on Plans and Priorities

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Minister of Health

Canada

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Minister's Message

I am pleased to present the Public Health Agency of Canada's 2013–14 Report on Plans and Priorities. The Agency plays an important role in protecting Canadians and empowering them to improve their health to support participation in their communities, society and the economy.

Preventing disease, prolonging life, and promoting healthy behaviours are cornerstones of public health. The Agency will continue to provide national leadership in health promotion and health protection, build public health capacity, and strengthen public health emergency preparedness and response by working with its partners across sectors and jurisdictions.

The Agency will focus on the prevention of infectious diseases, such as influenza, food-borne illness and tuberculosis, through surveillance, control measures, and world-class science and research. The Agency will also promote and support positive mental health in collaboration with its partners, will work to increase awareness of sports and recreation-related injury risks, and will target specific at-risk populations such as seniors. In addition, a second Summit on Healthy Weights/Healthy Living will further advance multisectoral partnerships that promote healthy living and prevent chronic diseases.

The Agency will continue to strengthen its operations through shared services with Health Canada and by modernizing program delivery. I am confident that the plans, priorities and programs outlined in this report will provide concrete advancements toward our goal of healthier Canadians and communities in a healthier world.

Leona Aglukkaq, P.C., M.P.
Minister of Health

Section I – Organizational Overview

Raison d'être

Public health involves the organized efforts of society to keep people healthy and to prevent injury, illness and premature death. It includes programs, services and policies that protect and promote the health of all Canadians. In Canada, public health is a responsibility that is shared by the three levels of government in collaboration with the private sector, non-governmental organizations, health professionals and the public.

In September 2004, the Public Health Agency of Canada (the Agency) was created within the federal Health Portfolio to deliver on the Government of Canada's commitment to increase its focus on public health in order to help protect and improve the health and safety of all Canadians and to contribute to strengthening the health care system.

Responsibilities

The Agency has the responsibility to:

- contribute to the prevention of disease and injury, and to the promotion of health;
- enhance the quality and quantity of surveillance data and expand the knowledge of disease and injury in Canada;
- provide federal leadership and accountability in managing public health emergencies;
- serve as a central point for sharing Canada's expertise with the rest of the world and for applying international research and development to Canada's public health programs; and
- strengthen intergovernmental collaboration on public health and facilitate national approaches to public health policy and planning.

Strategic Outcome and Program Alignment Architecture (PAA)

The Agency aims to achieve a strategic outcome supported by its Program Alignment Architecture (PAA) as depicted in the following figure

Strategic Outcome	Program	Sub-program	Sub-sub-program
Protecting Canadians and empowering them to improve their health	1.1 Public Health Infrastructure	1.1.1 Public Health Capacity Building	
		1.1.2 Public Health Information and Networks	
		1.1.3 Public Health Laboratory Systems	
	1.2 Health Promotion and Disease Prevention	1.2.1 Infectious Disease Prevention and Control	1.2.1.1 Immunization
			1.2.1.2 Infectious and Communicable Diseases
			1.2.1.3 Food-borne, Environmental and Zoonotic Infectious Diseases
		1.2.2 Conditions for Healthy Living	1.2.2.1 Healthy Child Development
			1.2.2.2 Healthy Communities
		1.2.3 Chronic (non-communicable) Disease and Injury Prevention	
	1.3 Health Security	1.3.1 Emergency Preparedness and Response	
		1.3.2 Border Health Security	
		1.3.3 Biosecurity	
	2.1 Internal Services	2.1.1 Governance and Management Support	2.1.1.1 Management and Oversight
			2.1.1.2 Communications
			2.1.1.3 Legal
		2.1.2 Resource Management Services	2.1.2.1 Human Resource Management
			2.1.2.2 Financial Management
			2.1.2.3 Information Management
			2.1.2.4 Information Technology
			2.1.2.5 Travel and Other Administrative Services
		2.1.3 Asset Management Services	2.1.3.1 Real Property
			2.1.3.2 Material
			2.1.3.3 Acquisitions

Organizational Priorities

Informed by the Government of Canada priorities, the Agency's domestic and global operating environment, human and financial resource capacity, and existing or emerging corporate risks, the Agency established the following priorities for 2013–14:

A. Strengthened public health capacity and science leadership;
B. Leadership on health promotion and disease prevention;
C. Enhanced public health security; and
D. Excellence and innovation in management.

The tables below describe why each priority is important and how the Agency is planning to meet the priority for each Program. Further details on how the Programs will deliver the plans are described in the planning highlights found in Section II.

Program 1.1 Public Health Infrastructure	
Organizational Priority	**Type**
A. Strengthened public health capacity and science leadership	New
Description	
Why is this a priority?	
The Agency provides national leadership to strengthen public health and science to support effective decision-making, public health practices and interventions, and an integrated, evidence-based public health system.	
Plans for meeting the priority	
• Strengthen public health capacity by developing and maintaining a Canadian public health workforce with the depth and capability to respond to public health issues, and by strengthening the Agency presence in the North. • Facilitate public health partners' access to networks to address existing and emerging public health infrastructure issues, knowledge, information on the health of the population, and best practices. • Strengthen Canada's public health laboratory scientific and technical capacity to detect and respond to existing and emerging threats by strengthening existing Agency specialized infrastructure, resources and skilled scientific expertise.	

Program 1.2 Health Promotion and Disease Prevention	
Organizational Priority	**Type**
B. Leadership on health promotion and disease prevention	New
Description	
Why is this a priority?	
The Agency provides leadership and action to address the burden of illness associated with common risk factors, co-morbidities and an aging population, as well as the social, economic and environmental conditions that affect Canadians' health status and can increase the potential for disease. By providing a stronger evidence base for taking on important health issues and their determinants, the Agency works to improve population health and well-being and reduce health inequalities.	

Plans for meeting the priority
• Advance priorities and initiatives that promote health and reduce health inequalities by acting on the mental, social and physical factors affecting health status, particularly for vulnerable and at risk populations. • Develop and implement targeted approaches to prevent and control chronic and infectious disease and injury. • Strengthen chronic and infectious disease evidence-based information gathering, dissemination and collaboration with public health stakeholders.

Program 1.3 Health Security	
Organizational Priority	**Type**
C. Enhanced public health security	New
Description	
Why is this a priority?	
All governments must continue to collaborate to protect the health and safety of Canadians within a context of globalization, environmental change and scientific discovery. The Agency plays an important role in ensuring public health security through emergency preparedness and response, border health security, and the regulation of pathogens and toxins.	
Plans for meeting the priority	
• Strengthen emergency preparedness and response capacity, including the time-limited provision of additional resources (such as public health professionals and supplies) to support provinces and territories during public health events. • Enhance border health security to reduce the risk of communicable disease transmission. • Reduce risks to the health and safety of Canadians posed by laboratory use of pathogens and toxins.	

Program 2.1 Internal Services	
Organizational Priority	**Type**
D. Excellence and innovation in management	New
Description	
Why is this a priority?	
Effective management, engagement, collaboration, teamwork and professional development are all essential to a high performing organization that achieves its intended outcomes. Recognizing this, the Agency is committed to a rigorous pursuit of excellence, innovation and continuous improvement in the design and delivery of programs and services.	
Plans for meeting the priority	
• Streamline and improve processes and operations, including merged corporate functions and expertise under Health Canada's and the Agency's shared services partnership approach. • Promote innovation in program delivery, and improve business practices and operations.	

Risk Analysis

The Agency operates within a dynamic and complex environment. The array of public health issues at the forefront domestically and internationally continually evolves over time. As progress is made in some areas, some public health challenges endure and new ones emerge. Furthermore, the cross-jurisdictional nature of public health also means that the Agency cannot work in isolation to address these challenges, and must often work closely with a number of other domestic and international partners.

In order to effectively deliver on its mandate within this complex environment, the Agency has implemented an integrated risk management approach. Through the development of a Corporate Risk Profile on an annual basis, the Agency systematically identifies, understands and seeks to address key public health and organizational risks, which drives its priority setting, planning, and programming.

Consistent with the guiding principles outlined in Treasury Board's 2010 *Framework for the Management of Risk*, the Agency has identified the following key risks:

Public Health Infrastructure

In order to plan for, detect and respond to public health threats, Canada must have an effective public health infrastructure (i.e., workforce, capability, and inter-jurisdictional systems). To help mitigate against the risk of gaps in this area, the Agency will contribute to the development of a trained public health workforce and help strengthen pan-Canadian public health capacity. The Agency will also strengthen its own specialized laboratory infrastructure, resources and skilled scientific expertise as part of Canada's public health laboratory capacity.

In order to fulfill its role in responding to public health emergencies, the Agency must also carefully manage its risks in this area to ensure it can respond effectively to new or unanticipated emergencies of high impact or high complexity. Lessons learned from past audits, evaluations, and reviews of key events, such as the 2009 H1N1 Pandemic Influenza will continue to inform the Agency's approach to strengthening Agency emergency management capacity.

Infectious Disease Prevention and Control

Domestic and international jurisdictions face a continued risk that infectious diseases, such as influenza, tuberculosis and food-borne illness, will create the potential for outbreaks, epidemics and pandemics. The emergence, spread and virulence of antimicrobial resistant infections also presents a major public health challenge. These risks can result in considerable health, social and economic impacts. Within a multi-jurisdictional context, the Agency will continue to contribute to enhancing surveillance systems, maintain laboratory capacity and support research, in collaboration with national and international partners.

Conditions for Healthy Living

In Canada, a range of jurisdictions and stakeholders contribute to promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and controlling chronic diseases.

Within this environment, although the prevalence of overweight and obesity among children in Canada may be stabilizing, it remains a global public health concern given the tendency for excess weight to persist through to adulthood and lead to negative health outcomes such as cancer, diabetes and cardiovascular disease. The Agency will continue its contribution to addressing this important public health concern by identifying, testing and sharing interventions that work, and collaborating with its partners to strengthen surveillance in this area.

Mental illness also remains an area of concern, as it continues to adversely impact the Canadian population, resulting in significant health, social and economic costs. The Agency will continue to work with various sectors and levels of government to help address this risk by reducing gaps in mental health knowledge and developing tools for use by public health professionals.

Aboriginal and Northern populations continue to contend with higher rates of chronic and infectious diseases than other Canadians. Addressing these challenges requires the collective efforts of a range of jurisdictions and stakeholders. The Agency will contribute to these efforts by continuing to leverage its existing programs and public health expertise.

Excellence and innovation in management
The Agency will continue implementing its transformation agenda to improve the effectiveness of its administrative systems, internal operations, and business processes, including the streamlining of internal corporate support provided by the new Portfolio Shared Services Partnership established by Health Canada and the Agency. There are lower priority issues that may be delayed or not be addressed, due to manageable operational risks, during the transition period.

Planning Summary

Financial Resources ($M)

Total Budgetary Expenditures (Main Estimates) 2013–14	Planned Spending		
	2013–14	2014–15	2015–16
579.2	586.6	597.9	545.6

Additional information on expenditures at the Agency level is provided in Section I Expenditure Profile and at the Program level in Section II.

Human Resources (Full-time Equivalent – FTE)

2013–14	2014–15	2015–16
2,521	2,449	2,436

Planning Summary Table ($M)

Program	Actual Spending		Forecast 2012–13	Planned Spending			Alignment to Government of Canada Outcomes
	2010–11	2011–12		2013–14	2014–15	2015–16	
1.1 Public Health Infrastructure	148.1	142.1	131.7	135.1	124.5	124.5	Healthy Canadians
1.2 Health Promotion and Disease Prevention	319.4	330.1	330.0	311.7	350.4	295.5	
1.3 Health Security	37.8	45.2	62.1	48.9	43.2	46.3	A Safe and Secure Canada
Sub - Total	505.3	517.4	523.8	495.7	518.1	466.3	

In 2011–12, the Agency's actual spending was higher than in 2010–11 primarily due to severance payouts as a result of revisions to specific collective agreements and increases in spending on transfer payment programs.

Forecast spending in 2012–13 will increase slightly over 2011–12 due to increased spending on transfer payment programs and costs associated with the installation of a higher capacity influenza vaccine fill-line and the replenishment of the National Antiviral Stockpile.

Planned spending will decrease in 2013–14 due to the sunsetting of funding to reduce the number of sport and recreation-related injuries among Canadian children and youth, and the construction of the JC Wilt Infectious Diseases Research Centre.

Planned spending will increase in 2014–15 and subsequently decrease in 2015–16 as the Agency makes the final payment of $49.7 million under the Hepatitis C Health Care Services Program in 2014–15. The increase in 2014–15 is offset by the sunset of funding under the Genomics Research and Development Initiative (GRDI) and the completion of the replenishment of the National Antiviral Stockpile.

Budget 2012 savings measures will offset planned spending increases in 2012–13 through 2014–15 outlined above.

Planning Summary Table for Internal Services ($M)

Program	Actual Spending		Forecast 2012–13	Planned Spending		
	2010–11	2011–12		2013–14	2014–15	2015–16
2.1 Internal Services	112.8	119.1	95.7	90.9	79.8	79.3
Sub - Total	112.8	119.1	95.7	90.9	79.8	79.3

Planning Summary Total ($M)

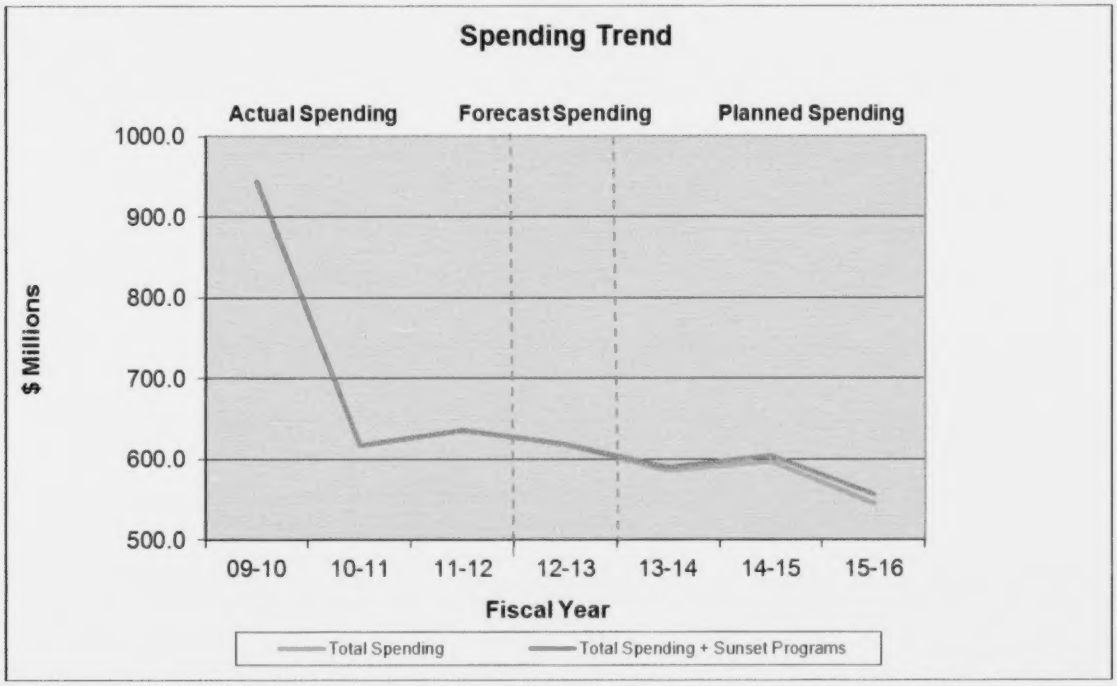
Strategic Outcome, Programs, and Internal Services	Actual Spending		Forecast 2012–13	Planned Spending		
	2010–11	2011–12		2013–14	2014–15	2015–16
Total	618.1	636.5	619.5	586.6	597.9	545.6

Expenditure Profile

Canada experienced an H1N1 Pandemic Influenza in 2009–10 which accounted for approximately $310 million of additional spending in that year. The Agency also spent $49.7 million in the same year on the Hepatitis C Health Care Services Program which provides funding to the provinces to compensate for the care of individuals infected with hepatitis C. This program provides payments every five years and the final payment will occur in 2014–15.

The decrease in planned spending from 2011–12 through 2014–2015 is primarily due to Budget 2012 savings measures. Additional information on Budget 2012 savings measures is provided at the Program level in Section II.

Planned spending will increase in 2014–2015 and subsequently decrease in 2015–2016 as the Agency makes the final payment of $49.7 million under the Hepatitis C Health Care Services Program in 2014–2015.



Estimates by Vote

For information on our organizational appropriations, please see the *2013–14 Main Estimates* publication.

Contribution to the Federal Sustainable Development Strategy (FSDS)

The Federal Sustainable Development Strategy (FSDS) outlines the Government of Canada's commitment to improving the transparency of environmental decision-making by articulating its key strategic environmental goals and targets. The Agency ensures that consideration of these outcomes is an integral part of its decision-making processes. In particular, through the federal Strategic Environmental Assessment (SEA) process, any new policy, plan or program initiative includes an analysis of its impact on attaining the FSDS goals and targets. The results of SEAs are made public when an initiative is announced, demonstrating the department's commitment to achieving the FSDS goals and targets.

The Agency contributes to Theme I – Clean Air / Climate Change through the *Clean Air Agenda* and Theme IV – Shrinking the Environmental Footprint as denoted by the visual identifiers below:

Theme I
Addressing Climate Change and Air Quality

(Theme I: Addressing Climate Change and Air Quality)

Theme IV
Shrinking the Environmental Footprint - Beginning with Government

(Theme IV: Shrinking the Environmental Footprint – Beginning with Government)

These contributions are components of the following Programs and are further explained in Section II:

- Program 1.2 Health Promotion and Disease Prevention
- Program 2.1 Internal Services

For additional details on the Agency's activities to support sustainable development, please see Section II of this RPP and the Agency's Sustainable Development Web site. For complete details on the Strategy, please see the Federal Sustainable Development Strategy Web site.

Section II – Analysis of Programs by Strategic Outcome

Strategic Outcome

The Agency's strategic outcome is *Protecting Canadians and empowering them to improve their health.* How long Canadians live in good health is determined by factors including personal and family lifestyle risk factors, environmental and genetic factors, technological advances, social determinants, availability and quality of health care, and public health practices and initiatives at the federal, provincial, territorial (F/P/T), and local levels of government. The Agency works with governmental and non-governmental stakeholders to positively affect the factors of health listed above.

A key population health indicator produced by Statistics Canada to measure health is the health-adjusted life expectancy (HALE), which is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. HALE is the number of years in full health that an individual can expect to live given the current morbidity and mortality conditions. It can be used to measure the burden of disease and injury, risk factors in the population, and the performance of public health efforts. It is not only a measure of quantity of life but also a measure of quality of life, and provides information for use by the Agency and other domestic and international organizations in public health research, policy development, and practice.

Indicators	Results
Health-adjusted life expectancy (HALE) at birth	For 2005/2007, Statistics Canada reported HALE at birth as: [1] Women – 71.2 Men – 68.9
Health-adjusted life expectancy (HALE) at birth between the top-fifth and bottom-fifth income groups	For 2005/2007, Statistics Canada reported the difference, in years, in HALE at birth between the top-fifth and bottom-fifth income groups as: Women – 7.6 Men – 7.7

In working to achieve its strategic outcome, the Agency has developed four Programs with expected results, performance indicators, and targets supported by financial and human resources as shown below.

Program 1.1 Public Health Infrastructure

Program	Sub-program
1.1 Public Health Infrastructure	1.1.1 Public Health Capacity Building
	1.1.2 Public Health Information and Networks
	1.1.3 Public Health Laboratory Systems

Program Description:

1.1 Public Health Infrastructure – This program strengthens Canada's public health workforce capability, information exchange, federal/provincial/territorial networks, and scientific capacity. These infrastructure elements are necessary to support effective public health practice and decision-making in Canada. Working with federal, provincial and territorial stakeholders and within existing collaborative mechanisms, the program supports planning for and building consensus on strategic and targeted

[1] Statistics Canada. CANSIM Table 102-0122.

investments in public health infrastructure, including training, tools, best practices, standards, and mechanisms to facilitate information exchange and coordinated action. Public health laboratories provide leadership in research, technical innovation, reference laboratory services; surveillance; outbreak response capacity; and national laboratory coordination. Through these capacity-building mechanisms and scientific expertise, the Government of Canada facilitates effective coordination and timely public health interventions which are essential to having an integrated and evidence-based national public health system. Key stakeholders include local, regional, provincial and national public health organizations, practitioners and policy makers, researchers and academics, professional associations and non-governmental organizations.

Financial Resources ($M)

Total Budgetary Expenditures (Main Estimates) 2013–14	Planned Spending		
	2013–14	2014–15	2015–16
133.1	135.1	124.5	124.5

The increase in planned spending in 2013–14 is due to the renewal of funding to enhance the Government of Canada's ability to prevent, detect and respond to outbreaks of food-borne illness. Spending will decrease in 2014–15 as the Genomic Research and Development Initiative sunsets and Budget 2012 savings measures are implemented. Budget 2012 savings measures will streamline surveillance activities and publications without affecting program delivery.

Human Resources (Full-time Equivalent – FTE)

2013–14	2014–15	2015–16
778	753	753

Expected Result(s)	Performance Indicator(s)	Target(s)
Canada has public health system capacity to manage domestic public health emergencies of international concern	Level of Canada's compliance with the public health capacity requirements outlined in the *International Health Regulations*	Level 3: Advanced[2] Baseline is 2.5 in June 2012
Canada is able to use highly specialized laboratory technologies to identify and characterize pathogens in support of public health surveillance and investigation of disease outbreaks	The number of pathogens for which molecular typing is offered by national laboratories	Baseline by December 31, 2012

Planning Highlights:

The following planning highlights represent the Agency's key priorities for the Public Health Infrastructure Program and its Sub-programs. Additional information, including Sub-program descriptions and performance information, is available on the Agency's Web site.

Building Public Health Infrastructure

- Increase Canadian public health workforce capacity by developing skills, applied training and placement opportunities to address public health issues.

[2] Level 3 represents an advanced level of capabilities and achieving a reference model of capability. This involves the generation of information, products and tools that reflect examples of models of best practices and standards that can be adopted or shared globally.

- Address Canada's need for enhanced public health skills/capacity by continuing to support the provision of competency-based learning products.
- Increase the Canadian capacity to respond to public health events by developing and delivering applied training, and placing public health officers and field epidemiologists with partner organizations to respond to identified public health needs, including mobilizations.
- Strengthen the Agency's presence in the North to better support public health capacity building efforts and improved health outcomes for Northerners.

Public Health Information and Networks

- Strengthen Canada's public health laboratory science, integrated disease surveillance capabilities (e.g., Canadian Network for Public Health Intelligence), and technical capacity to support public health decision-making, including enhanced and timely public health interventions, and responsiveness to public health threats (e.g., food-borne illness, measles).
- Support the development of multi-jurisdictional approaches to addressing public health infrastructure and surveillance issue priorities identified by the Public Health Network Council.
- Develop and deliver the Chief Public Health Officer's *Annual Report on the State of Public Health in Canada.*
- Develop approaches to population health analyses on emerging global realities and under-recognized diseases for effective decision-making.
- Work with our partners to strengthen the reporting of population and public health indicators to help Canadians receive more integrated population health information.

Public Health Laboratory Systems

- Continue to strengthen genomic technologies to determine the molecular epidemiology and evolution of priority infectious diseases.
- Conduct applied and discovery research, develop innovative tools and provide laboratory-based surveillance to manage key public health risks in support of Agency priorities such as determining the risk of emerging zoonotic infectious disease risks through diagnostic testing of mosquitoes, ticks and other zoonotic disease vectors in Canada such as influenza, West Nile virus, and SARS to inform public health policies.
- Expand the national capacity to rapidly detect and link food-borne outbreaks to their sources through the use of highly specialized DNA fingerprinting techniques (e.g., PulseNet surveillance system).
- Strengthen the ability to provide timely, highly specialized biocontainment laboratory services, including genomic technologies, to enable public health professionals to address emerging public health risks including monitoring drug-resistance in bacteria and viruses, and carrying out strain surveillance to evaluate vaccine effectiveness (e.g., HPV, measles, influenza, invasive pneumococcal disease, pertussis.).

Program 1.2 Health Promotion and Disease Prevention

Program	Sub-program	Sub-sub-program
1.2 Health Promotion and Disease Prevention	1.2.1 Infectious Disease Prevention and Control	1.2.1.1 Immunization 1.2.1.2 Infectious and Communicable Diseases 1.2.1.3 Food-borne, Environmental and Zoonotic Infectious Diseases
	1.2.2 Conditions for Healthy Living	1.2.2.1 Healthy Child Development 1.2.2.2 Healthy Communities
	1.2.3 Chronic (non-communicable) Disease and Injury Prevention	

Program Description:

1.2 Health Promotion and Disease Prevention – This Program aims to promote better overall health of the population—with additional focus on those that are most vulnerable—by promoting healthy development among children, adults and seniors, reducing health inequalities, and preventing and controlling chronic and infectious diseases. Working in collaboration with provinces and territories, the program develops and implements federal aspects of frameworks and strategies (e.g., Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, national approaches to addressing immunization, HIV/AIDS) geared toward promoting health and preventing disease. The program undertakes common primary public health functions of health promotion, surveillance, science and research on diseases and associated risk and protective factors to inform evidenced-based frameworks, strategies, and interventions. It also undertakes health promotion and prevention initiatives, working with stakeholders to prevent and mitigate chronic disease and injury, and to help prevent and control infectious disease.

Financial Resources ($M)

Total Budgetary Expenditures (Main Estimates) 2013–14	Planned Spending		
	2013–14	2014–15	2015–16
308.2	311.7	350.4	295.5

The increase in planned spending in 2013–14 over the Main Estimates figure is due to the renewal of funding to enhance the Government of Canada's ability to prevent, detect and respond to outbreaks of food-borne illness. In 2014–15, planned spending will increase and subsequently decrease in 2015–16 as the Agency will issue the final payment for the Hepatitis C Health Care Services Program. This increase is partially offset by the sunsetting of the Lung and Neurological Diseases Initiative and savings measures announced in Budget 2012. These measures will reduce management and administration, travel and professional services, and streamline surveillance activities and publications. In addition, the Agency will improve the efficiency of grants and contributions administration by integrating efforts at the community level with those of other providers and by streamlining and consolidating programs with common risk factors or target populations.

Human Resources (Full-time Equivalent – FTE)

2013–14	2014–15	2015–16
897	848	835

Expected Result(s)	Performance Indicator(s)	Target(s)
Diseases in Canada are prevented and mitigated	Percent reduction over the next 3 years in the rate of indexed infectious diseases	2% (for entire 2011 to 2014 period)
	Percent change in rate of key chronic disease risk factors	Government of Canada targets for reduction of risk factors in consideration of Federal/Provincial/Territorial (F/P/T) contexts and recommended global and regional voluntary targets by March 31, 2014, following finalization of the World Health Organization (WHO) and Pan American Health Organization's (PAHO) monitoring frameworks for Non-Communicable Diseases

Planning Highlights:

The following planning highlights represent the Agency's key priorities for the Health Promotion and Disease Prevention Program, its Sub-programs, and its Sub-sub-programs. Additional information, including Sub-program and Sub-sub-program descriptions and performance information, is available on the Agency's Web site.

Disease Prevention and Control

- a (Theme I: Addressing Climate Change and Air Quality)
  Reduce the risks associated with infectious diseases and public health threats related to climate change, as part of the Adaptation Theme of the Government's *Clean Air Agenda* through collaboration with federal, provincial and territorial as well as international stakeholders.
- Enhance infectious disease monitoring by assessing performance of the real-time Measles and Rubella Surveillance pilot as a model for other areas to support timely integrated surveillance in keeping with national and international measles and rubella elimination goals.
- Develop timely and comprehensive guidance and information on immunization approaches and products approved in Canada, to assist the Agency and its stakeholders in making informed decisions concerning immunization strategies.
- Engage federal departments, and provincial/territorial governments through the Public Health Network, to improve practices in tuberculosis prevention and control as well as address underlying risk factors associated with tuberculosis among Aboriginal peoples and foreign-born individuals.
- Collaborate with stakeholders to revise the existing Respiratory Illness Outbreak Protocol Response to coordinate, investigate and control severe respiratory outbreaks in Canada.
- Increase knowledge of health care professionals and enhance awareness of Canadians on the prevention and treatment of diseases and health hazards resulting from rising global population mobility by providing timely assessments of health risks and evidence-based recommendations, as well as establishing partnerships to address population mobility risk factors.
- Enhance surveillance tools to strengthen the government's ability to detect and identify causes of food-borne illness and respond to food-borne illness outbreaks.
- Strengthen coordination and capacity, including surge capacity, to respond to multi-jurisdictional food-borne illness outbreaks.
- Integrate approaches to reduce health inequalities through coordinated efforts on common risk factors of community associated infections and related chronic diseases.

Conditions for Healthy Living

- Assess knowledge gaps in mental health promotion, develop tools for use by public health professionals, and coordinate federal suicide prevention efforts, including addressing the risk factors for suicide.
- Develop oral health promotion approaches to improve oral health outcomes, particularly within Nunavut.
- Scale up best practices in healthy childhood development to improve the overall social, mental, and physical health of children (aged 0-6) and their parents who participate in the Agency's community-based approaches.
- Pilot an expansion of the Aboriginal Head Start in Urban and Northern Communities Program to more children and their families in Nunavut.
- Strengthen approaches to disease prevention and control by broadening the scope of HIV and Hepatitis C funding programs to include co-morbidities, mental illness, aging, and determinants of health.

Chronic (non-communicable) Disease and Injury Prevention

- Increase safety awareness to reduce injuries, including sports- and recreation-related injuries in children and youth, and advance knowledge surrounding seniors' falls by updating and disseminating the *Report on Seniors' Falls in Canada*.
- Complete the National Population Study on Neurological Conditions, including Multiple Sclerosis, to fill information gaps on risk factors and the health and economic impact of these conditions on Canadians.
- Review data source standards and their reporting feasibility to align the Agency's autism surveillance system with the information needs of organizations supporting families and individuals affected by autism.
- Foster partnerships amongst provinces, territories and public and private sector organizations to work together on healthy living and chronic disease prevention initiatives to reduce the risks that are common to major chronic diseases, including unhealthy eating, physical inactivity, obesity and smoking.

Program 1.3 Health Security

Program	Sub-program
1.3 Health Security	1.3.1 Emergency Preparedness and Response
	1.3.2 Border Health Security
	1.3.3 Biosecurity

Program Description:

1.3 Health Security – This Program takes an all hazards approach to the health security of Canada's population, which provides the Government of Canada with the ability to prepare for and respond to public health issues and events. This program seeks to bolster the resiliency of the population and communities, thereby enhancing the ability to cope and respond. To accomplish this, its main methods of intervention include actions taken through partnerships with key jurisdictions and international partners. These actions are carried out through the implementation and maintenance of International Health Regulations and through the administration and enforcement of legislation, including the *Emergency Management Act*, the *Quarantine Act*, the *Human Pathogens and Toxins Act* and the *Human Pathogens Importation Regulations*.

Financial Resources ($M)

Total Budgetary Expenditures (Main Estimates) 2013–14	Planned Spending		
	2013–14	2014–15	2015–16
47.7	48.9	43.2	46.3

Planned spending in 2013-14 increases as compared to the Main Estimates figure due to new funding to streamline government import regulations and border processes for commercial trade. The decrease in planned spending in 2014–15 is due to Budget 2012 savings measures as well as the completion of the replenishment of the National Antiviral Stockpile. Budget 2012 savings measures relate to reductions in management and administration, travel and professional services, and partnerships with other departments to provide consolidated services for emergency management, border health services, and pathogen control. In 2015–16, temporary funding is received to support the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games.

Human Resources (Full-time Equivalent – FTE)

2013–14	2014–15	2015–16
231	237	237

Expected Result(s)	Performance Indicator(s)	Target(s)
Canada has the partnerships and regulatory frameworks to prevent, prepare for and respond to threats to public health	Percent of partnerships with key jurisdictions and international partners in place to prepare for and respond to public health issues and events	80%
	Percent of Government of Canada's health emergency and regulatory programs implemented in accordance with the *Emergency Management Act*, the *Quarantine Act*, the *Human Pathogens and Toxins Act* and the *Human Pathogens Importation Regulations*	80%

Planning Highlights:

The following planning highlights represent the Agency's key priorities for the Health Security Program and its Sub-programs. Additional information, including Sub-program descriptions and performance information, is available on the Agency's Web site.

Emergency Preparedness and Response

- Improve emergency response capacity by collaborating with provinces and territories to implement an Operational Framework for Mutual Aid Surge Requests for Health Care Professionals, and by taking a more strategic approach to the management of the National Emergency Stockpile System (NESS) to enable the inventory to remain relevant and responsive to the risk environment.
- Strengthen Canada's emergency preparedness and response capacity by renewing the Strategic Emergency Management Plan and the Canadian Pandemic Influenza Plan, and enhancing national coordination through the clarification of roles and responsibilities for response, including practical guidance for communications and decision-making during emergencies.
- Strengthen the capacity for a 24/7 integrated situational awareness network by fostering partnerships with key stakeholders in order to facilitate decision-making for the Health Portfolio in response to domestic emergencies and/or events including those with international dimensions.

Border Health Security

- Develop a comprehensive health security framework that articulates the Agency's strategic and coordinated approach to preparing for and responding to any hazard that impacts the health security of Canadians.
- Enhance border health security to reduce the risk of communicable disease importation and exportation through humans, conveyances and cargo by consolidating functions with Health Canada to establish an Office of Border Health Services within the Agency.
- Reduce the impacts of shared health security risks through expanded bilateral collaboration that enhances biosecurity and pathogen control, and interoperability of emergency management and response systems in the context of the *Canada-US Beyond the Border Health Security Action Plan*.

Biosecurity

- Streamline administrative processes and mechanisms to facilitate regulatory compliance for biosecurity in Canada.
- Develop policy instruments, including regulations where essential, to support the implementation of the *Human Pathogens and Toxins Act*.

Program 2.1 Internal Services

Program	Sub-program	Sub-sub-program
2.1 Internal Services	2.1.1 Governance and Management Support	2.1.1.1 Management and Oversight
		2.1.1.2 Communications
		2.1.1.3 Legal
	2.1.2 Resource Management Services	2.1.2.1 Human Resource Management
		2.1.2.2 Financial Management
		2.1.2.3 Information Management
		2.1.2.4 Information Technology
		2.1.2.5 Travel and Other Administrative Services
	2.1.3 Asset Management Services	2.1.3.1 Real Property
		2.1.3.2 Material
		2.1.3.3 Acquisitions

Program Description:

This Program supports the Agency's strategic outcome and all of its Programs. Internal services are groups of related activities and resources that are administered to support the needs of programs and other corporate obligations of an organization. These groups are Management and Oversight Services, Communications Services, Legal Services, Human Resources Management Services, Financial Management Services, Information Management Services, Information Technology Services, Real Property Services, Materiel Services, Acquisition Services, and Travel and Other Administrative Services. Internal services include only those activities and resources that apply across the Agency and not those provided specifically to a program.

Financial Resources ($M)

Total Budgetary Expenditures (Main Estimates) 2013–14	Planned Spending		
	2013–14	2014–15	2015–16
90.2	90.9	79.8	79.3

Planned spending decreases in 2014–15 primarily due to savings measures announced in Budget 2012.

Human Resources (Full-time Equivalent – FTE)

2013–14	2014–15	2015–16
615	611	611

Planning Highlights:

In June 2012, the Deputy Heads of Health Canada and the Public Health Agency of Canada signed a Shared Services Partnership Framework Agreement. Under this agreement, each organization retains responsibility for a different set of internal services and corporate functions. The creation of this new Partnership was motivated by a joint desire to:

- reduce the overhead costs of internal services by consolidating capacity from the two organizations into shared functions that will benefit from the strengths and perspectives of both parties;
- bring a more "whole of portfolio" perspective to the work of both organizations;

- enable both organizations to structure their NCR and regional operations in more cost effective ways; and
- foster innovation in management and service delivery for the benefit of both organizations.

Health Canada provides the following internal services to the Agency: human resources, internal financial services, real property, communications, information management / information technology, and security. Planning highlights for these internal services can be found in Health Canada's RPP. Internal services provided to Health Canada by the Agency include emergency management, international affairs, internal audit services, and evaluation services.

Internal Service Improvement

- Identify innovative ways to streamline internal processes and operations in order to improve program effectiveness and results.
- (Theme IV: Shrinking the Environmental Footprint – Beginning with Government)
  Support the Federal Sustainable Development Strategy through the implementation of the Agency's 2011-2014 Sustainable Development Strategy.

Federal Sustainable Development Strategy

The Public Health Agency of Canada is a participant in the Federal Sustainable Development Strategy (FSDS) and contributes to the Greening Government Operations (GGO) targets through Program 2.1 Internal Services.

(Theme IV: Shrinking the Environmental Footprint – Beginning with Government)

The Agency contributes to the following target areas of Theme IV of the FSDS:

- Green Buildings
- Greenhouse Gas Emissions
- Surplus Electronic and Electrical Equipment
- Printing Unit Reduction
- Paper Consumption
- Green Meetings
- Green Procurement
- Reporting on the Purchase of Offset Credits

For additional details on the Agency's GGO activities, please see the supplementary information tables.

Section III – Supplementary Information

Financial Highlights

The future-oriented financial highlights presented in this RPP provide a general overview of the Agency's financial position and operations. These future-oriented financial highlights are prepared on an accrual basis to strengthen accountability and improve transparency and financial management.

($M)

Future-Oriented Condensed Statement of Operations and Agency Net Financial Position for the year ended March 31	$ Change	Forecast 2013–14	Estimated Results 2012–13
Total Expenses	36.5	621.4	584.9
Total Revenues	-	0.1	0.1
Net Cost of Operations Before Government Funding and Transfers	**36.5**	**621.3**	**584.8**
Agency Net Financial Position	**10.8**	**102.8**	**92.0**

The Agency is forecasting $621.4 million in expenses, a net increase of $36.5 million from 2012–13. The increase is primarily a result of the transfer from Health Canada of the Assessed Contribution to the PAHO and the International Health Grants Program, as well as accrual-based adjustments for severance benefits and work force adjustment costs.

($M)

Future-Oriented Condensed Statement of Financial Position for the year ended March 31	$ Change	Forecast 2013–14	Estimated Results 2012–13
Total Net Liabilities	(19.3)	90.3	109.6
Total Net Financial Assets	(5.7)	67.1	72.8
Agency Net Debt	(13.6)	23.2	36.8
Total Non-Financial Assets	(2.8)	126.0	128.8
Agency Net Financial Position	**10.8**	**102.8**	**92.0**

The Agency is forecasting a net financial position of $102.8 million, an increase of $10.8 million from 2012–13. This is primarily due to decreases in liabilities related to severance benefits and work force adjustment.

Future-Oriented Financial Statements

Future-oriented financial statements (FOFS) can be found on the Agency's FOFS Web page.

List of Supplementary Information Tables

All Electronic supplementary information tables listed in the 2013-14 Report on Plans and Priorities can be found on the Agency's Web site.

- Details on Transfer Payment Programs (TPPs);
- Disclosure of TPPs under $5 million;
- Greening Government Operations;
- Horizontal Initiatives;
- Upcoming Internal Audits and Evaluations over the next three fiscal years;
- Sources of Respendable and Non-Respendable Revenue; and
- Summary of Capital Spending by Program.

Tax Expenditures and Evaluations Report

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance publishes cost estimates and projections for these measures annually in the *Tax Expenditures and Evaluations* publication. The tax measures presented in the *Tax Expenditures and Evaluations* publication are the sole responsibility of the Minister of Finance.

Section IV – Other Items of Interest

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Web Sites

2013–14 Main Estimates	http://www.tbs-sct.gc.ca/ems-sgd/esp-pbc/me-bpd-eng.asp
Aboriginal Head Start in Urban and Northern Communities (AHSUNC)	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/ahsunc-papacun/index-eng.php
Agency's 2011-2014 Sustainable Development Strategy	http://www.phac-aspc.gc.ca/about_apropos/sd-dd/plan/index-eng.php
Aging & Seniors	http://www.phac-aspc.gc.ca/seniors-aines/index-eng.php
Audit Reports	http://www.phac-aspc.gc.ca/about_apropos/asd-dsv/ar-rv/index-eng.php
Canada Prenatal Nutrition Program	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/cpnp-pcnp/index-eng.php
Canadian Best Practices Portal	http://cbpp-pcpe.phac-aspc.gc.ca/
Canadian Field Epidemiology Program	http://www.phac-aspc.gc.ca/cfep-pcet/index-eng.php
Canadian Network for Public Health Intelligence	https://www.cnphi-rcrsp.ca/cnphi/index.jsp
Canadian Public Health Service	http://www.phac-aspc.gc.ca/cphs-sspc/index-eng.php
Canadian Task Force on Preventive Health Care	http://www.canadiantaskforce.ca/
Community Action Program for Children (CAPC)	http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/capc-pace/index-eng.php
Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights	http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/2011/hw-os-2011-eng.php
Evaluation Reports	http://www.phac-aspc.gc.ca/about_apropos/evaluation/evaluation-eng.php
Federal Sustainable Development Strategy	http://www.ec.gc.ca/dd-sd/
Framework for the Management of Risk	http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=19422&section=text
Future-Oriented Financial Statements	http://www.phac-aspc.gc.ca/rpp/2013-2014/fofs-erp-eng.php
Health Portfolio	http://www.hc-sc.gc.ca/ahc-asc/minist/portfolio/index-eng.php
Human Pathogens and Toxins Act	http://www.phac-aspc.gc.ca/lab-bio/regul/hpta-lapht-eng.php
Innovation Strategy	http://www.phac-aspc.gc.ca/ph-sp/fund-fonds/index-eng.php
National Collaborating Centres for Public Health	http://www.phac-aspc.gc.ca/php-psp/ncc-eng.php
Our Health Our Future – A National Dialogue on Healthy Weights Report	http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/ohof-nsna/index-eng.php
Public Health Agency of Canada	http://www.phac-aspc.gc.ca/index-eng.php
Red Tape Reduction Commission	http://www.reduceredtape.gc.ca/index-eng.asp

Report on Plans and Priorities (RPP)	http://www.phac-aspc.gc.ca/rpp/index-eng.php
RPP – Additional Information for Sub-Programs and Sub-Sub-Programs	http://www.phac-aspc.gc.ca/rpp/2013-2014/info-eng.php
RPP – Supplementary Information Tables	http://www.phac-aspc.gc.ca/rpp/2013-2014/suppl-eng.php
Skills Online	http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/index-eng.php
Sustainable Development	http://www.phac-aspc.gc.ca/about_apropos/sd-dd/index-eng.php
Tax Expenditures and Evaluations	http://www.fin.gc.ca/purl/taxexp-eng.asp
The Cabinet Directive on the Environmental Assessment of Policy, Plan and Program Proposals	http://www.ceaa.gc.ca/default.asp?lang=En&n=B3186435-1
The Canadian Pandemic Influenza Plan for the Health Sector	http://www.phac-aspc.gc.ca/cpip-pclcpi/index-eng.php